



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



22469

PATENT TRADEMARK OFFICE

Art Unit : 3731
Examiner : Gwen G. Phanijphand
Serial No. : 09/917,385
Filed : 7/27/01
Inventor : Lisa A.G. Tweardy
Title : CERAMIC-TIPPED
: SKULL PINS

Docket No.: 1461-R-00

Confirmation No.: 9974

Dated: July 15, 2003

Sir:

Certificate of Mailing Under 37 CFR 1.8

RECEIVED

JUL 18 2003

TECHNOLOGY CENTER R3700

For
Postcard
\$465 Check
\$417 Check

Claim of Extension of Time for Response (Three-Month), in duplicate
Amendment Transmittal Letter, in duplicate
Amendment and Response
Request for Continued Examination (RCE), in duplicate
Declaration of Lisa A.G. Tweardy

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the **MS RCE**, Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450 on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:
Schnader Harrison Segal & Lewis
Customer No. 022469

By:

Jean D. Kuyper

Date:

July 15, 2003



Attorney Docket No.: 1461-R-00

In re Application of Lisa A.G. Tweardy

Serial No.: 09/917,385

Filed: July 27, 2001

For: CERAMIC-TIPPED SKULL PINS

MS RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

☐ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	15	-	** 20 =	
INDEP.	4	-	*** 3 =	1
First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x42=	\$42.00
+140=	\$

OR

RATE	ADD'L FEE
x18=	\$
x84=	\$
+280=	\$

TOTAL ADDITIONAL FEE \$42.00 OR \$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 13-3405 in the amount of \$_____.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$417.00 is attached.

☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.

Respectfully submitted,
SCHNADER HARRISON SEGAL & LEWIS LLP

Dated: July 15, 2003 By: Joan T. Kluger

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